

Name  
in  
Full

George E. Bevans

143

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Worchester				
Date of death	Month	Years	Months	Deys	
1908	Dec	23			
Sex	Male	Color or Race	white	Birth-place	Worchester Co
Occupation	Merchant				
Married, Single or Widowed	Where Residing if not at place of death				
Married	Palomino City				
Father's Name	Name of Wife or Husband				
Geo. Bevans	Annie Scott				
Mother's Maiden Name	Father's Birthplace				
Barshka Muller	Worchester				
Name of person giving information	Mother's Birthplace				
W. J. Scott	W. W. C.				
How related to deceased					
Brother-in-Law					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's

120

How long

1 yr

Immediate

Uremia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Sybil Johnson  
Palomino City

Accident or Suicide



Name  
in  
Full

William J. Geddes

CERTIFICATE OF DEATH

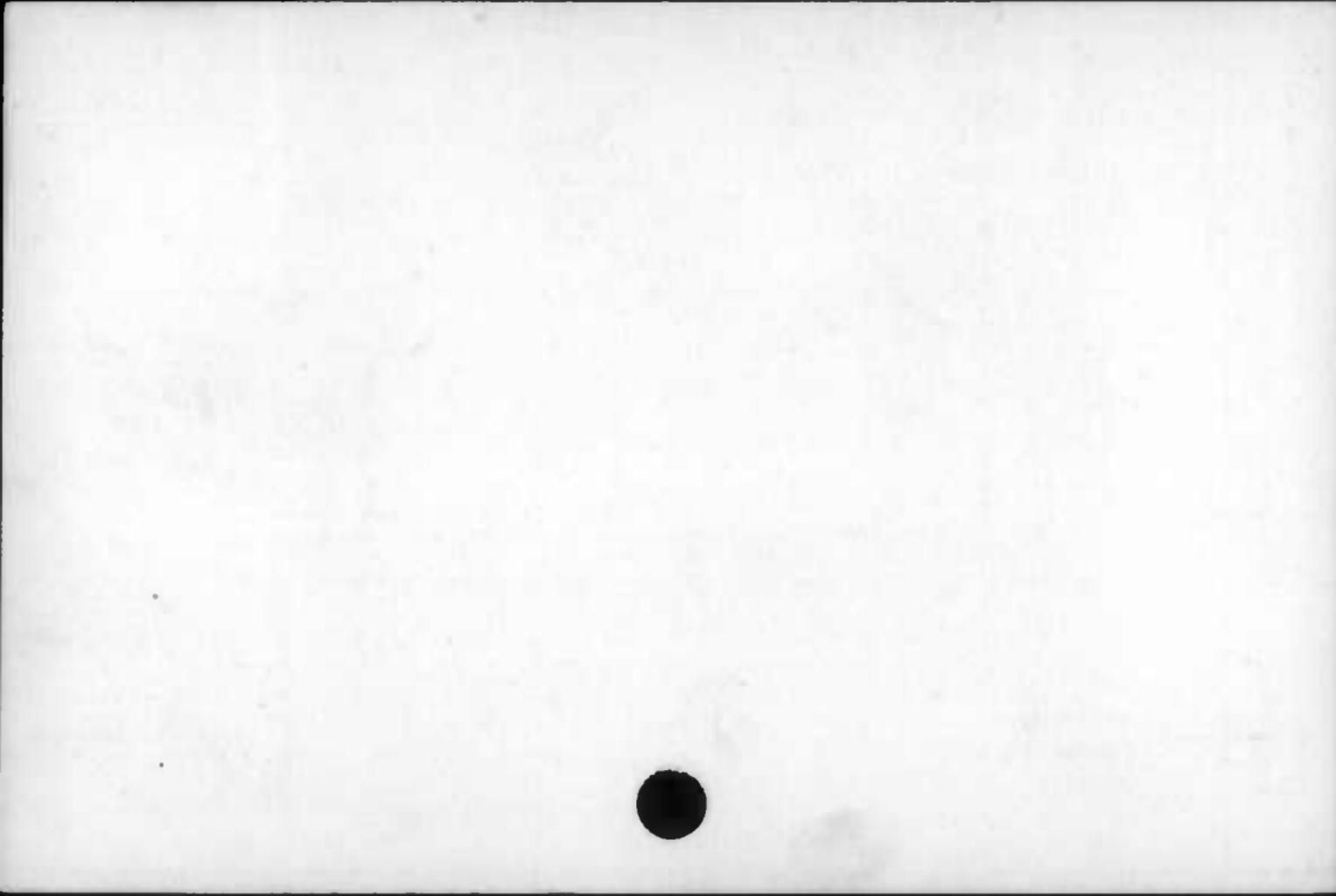
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	37	0	0
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Petey J. Geddes	Father's Birthplace	Scotland		
Mother's Maiden Name	Unknown	Mother's Birthplace	Scotland		
Name of person giving information	Harry Onley	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lay Grippe		10	8 days
Immediate	Lobar Pneumonia		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Jno. D. Dickerson, Stockton,	
		Address	Nor. Co. Md.	
Accident or Suicide?				



Name  
in  
Full

Chas H Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	New Ark	Mary	Months	Days
Date of death	Month	Day	Years	
1908	Dec.	29	Age	14
Sex	Male	Color or Race	white	Birth-place
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Chas H Hastings	Father's Birthplace	Newark	
Mother's Maiden Name	Ella Hastings	Mother's Birthplace	near Berlin	
Name of person giving information	Chas H. Hastings	How related to deceased	Mother	

CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary

No Dr in attendance

Immediate

Are the name, age, sex, color, date and place correctly given above?

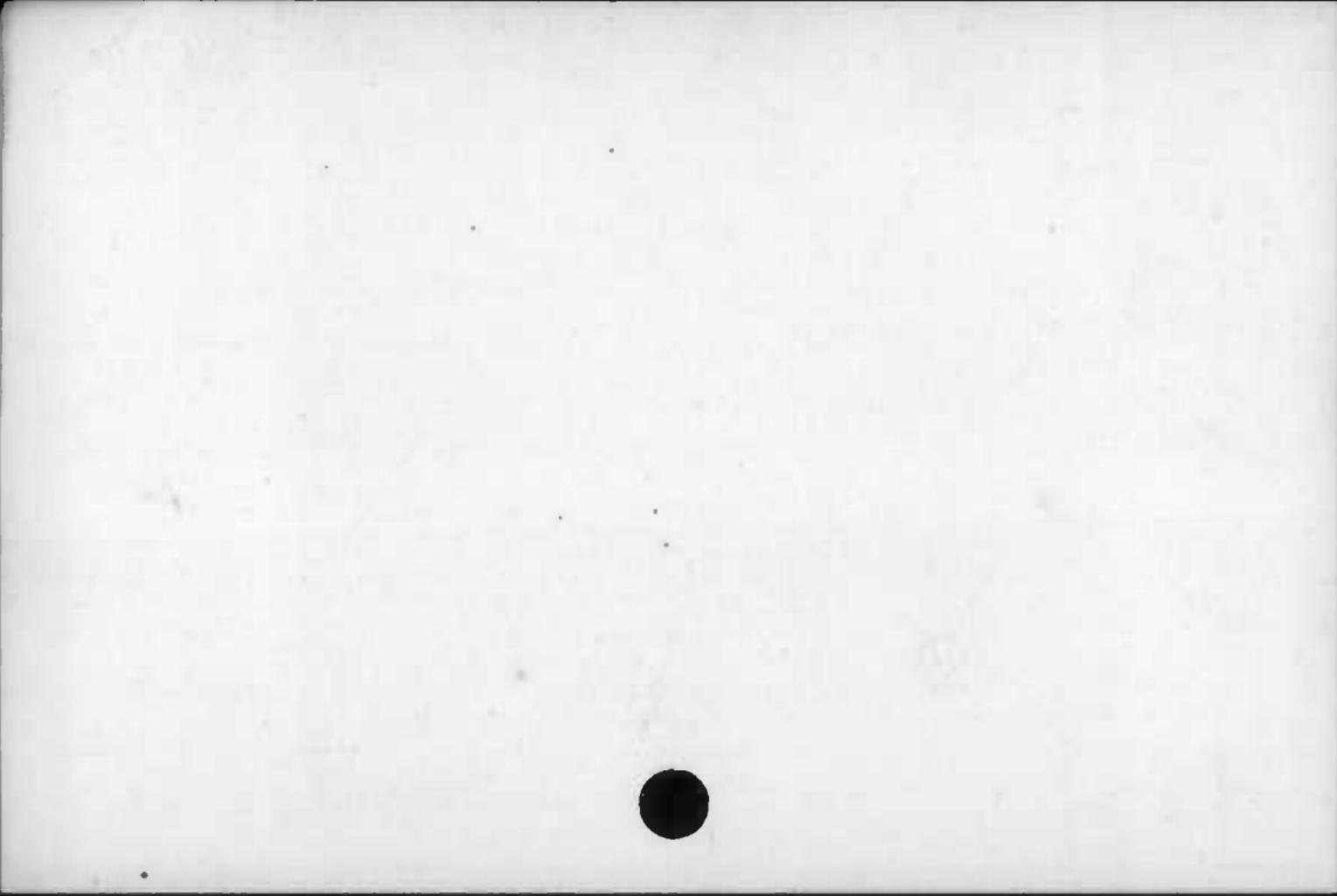
Signature of Physician

Address

Dr. A. M. Massey

Or. Berlin Md.

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

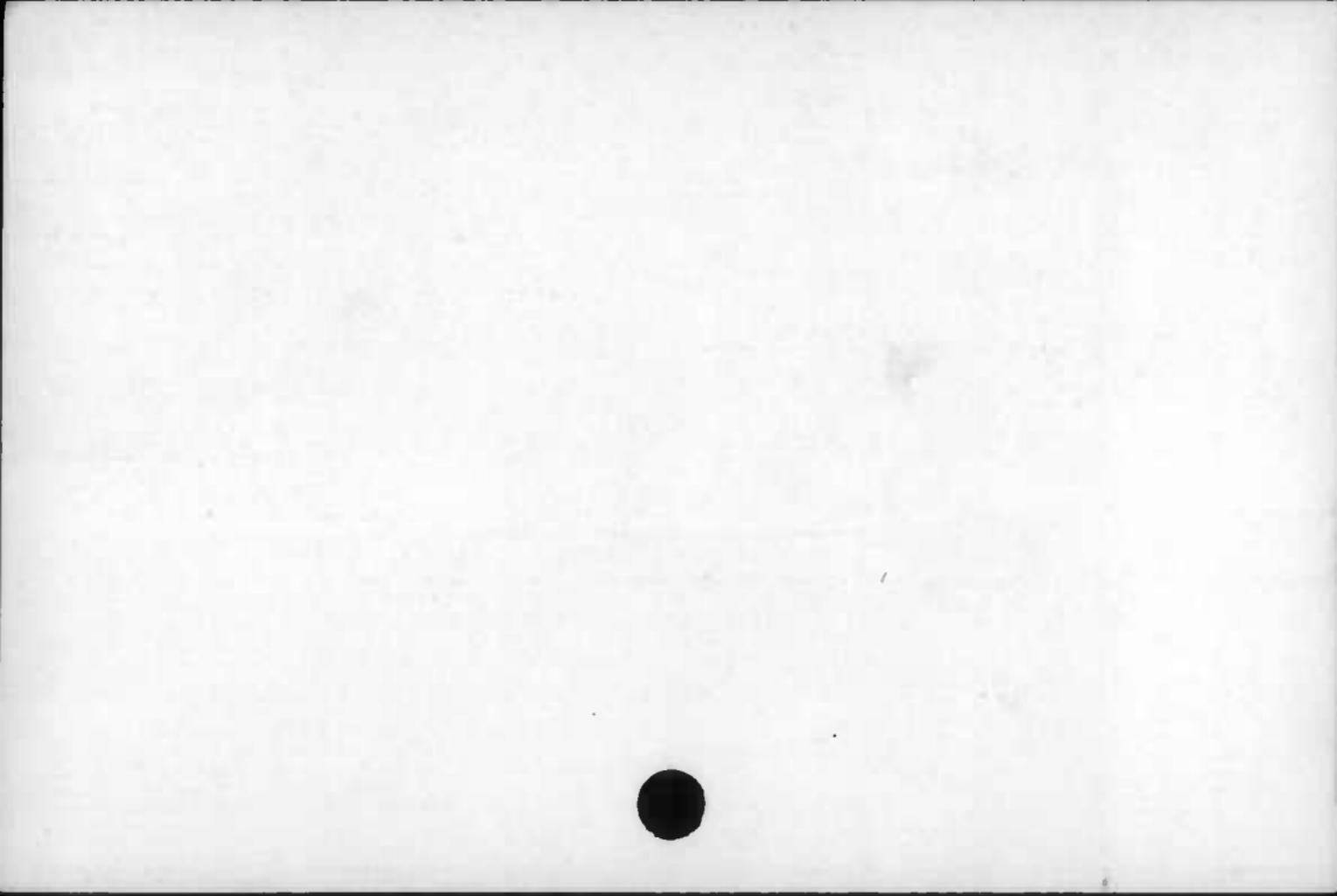
Died at	Town	Hudson	County	worcester	MARYLAND
Date of death	Month	Day	Years	Months	Days
1908	12	30	slice Born	-	-
Sex	Color or Race	white	Birth-place	and	
Female					
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Hudson				
Mother's Maiden Name	Adella Merritt				
Name of person giving information	J J Hudson				

## CAUSES OF DEATH

8

How long

PHYSICIAN OR CORONER	Primary	slice Born		
	Immediate	Yes		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
		Address	slice Born	
Accident or Suicide?			Wm O'Farrell Jr. Stockton Md	



Name  
in  
Full

Robert Lane

142  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Near Pocomoke</b>		County <b>Worcester</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>Dec.</b>	Day <b>21</b>	Years <b>78</b>	Months <b>7</b>	Days <b>18</b>
Sex <b>Male</b>	Color or Race <b>Black</b>	Birth-place <b>Near Pocomoke Md</b>			
Occupation <b>Child, infant</b>		Where Residing if not at place of death <b>at place of death</b>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <b>Lloyd Lane</b>	Father's Birthplace <b>Near Pocomoke</b>				
Mother's Maiden Name <b>Emma Aycelotte</b>	Mother's Birthplace <b>Near Pocomoke Md</b>				
Name of person giving information <b>Lloyd Lane</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

151

Primary **diseased from birth cause unknown**

How long

Immediate **franition**

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

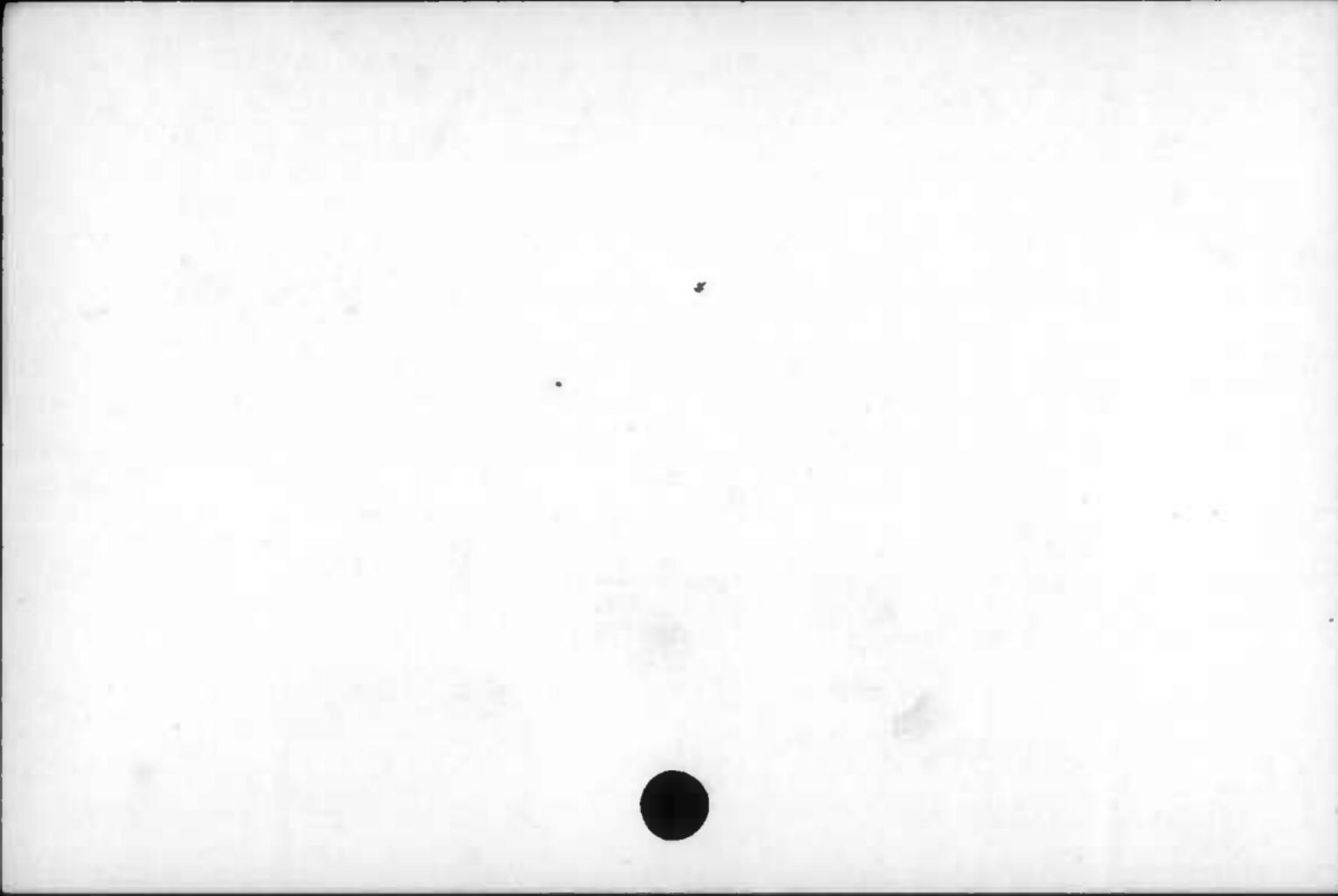
**Yes**

Signature of Physician

Address

**J J Lesters,  
Pocomoke City Md**

Accident or Suicide?



Name  
in  
Full

Sarah Ann. Lynch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

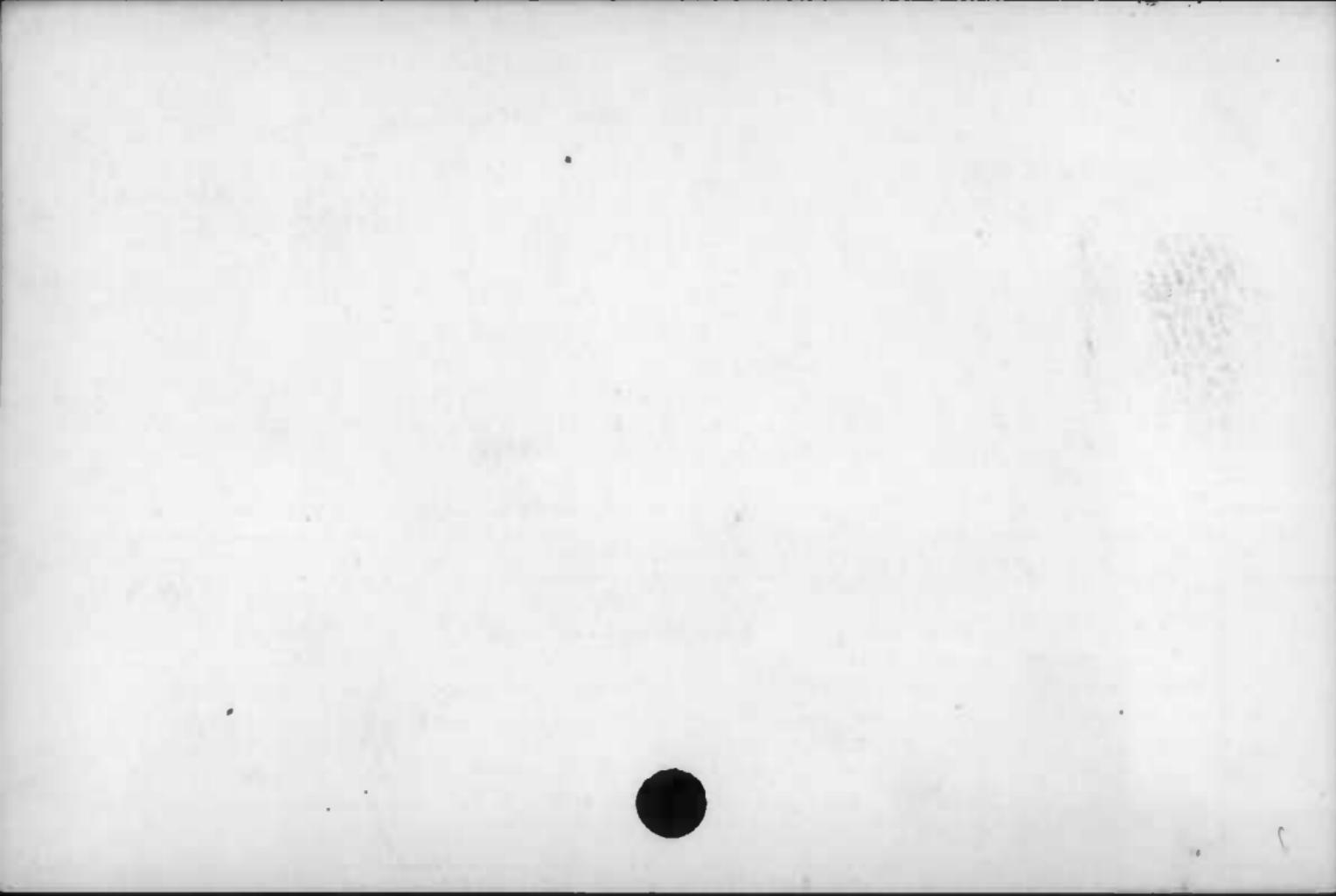
Died at	Town	County	MARYLAND		
Date of death 1908	Month Dec	Day 31	Years 68	Months	Days
Sex Female	Color or Race White	Birth-place Syphilitic			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband D. D. Lynch	Father's Birthplace Lynch			
Father's Name Isaac Coffey	Mother's Birthplace				
Mother's Maiden Name Douth Brow	How related to deceased Son				
Name of person giving information T. D. Lynch					

CAUSES OF DEATH

27

Primary Chronic Fibroid Thes	How long 20 yrs
Immediate Heart weakness	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. W. Erickson
	Address Berlin Md
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

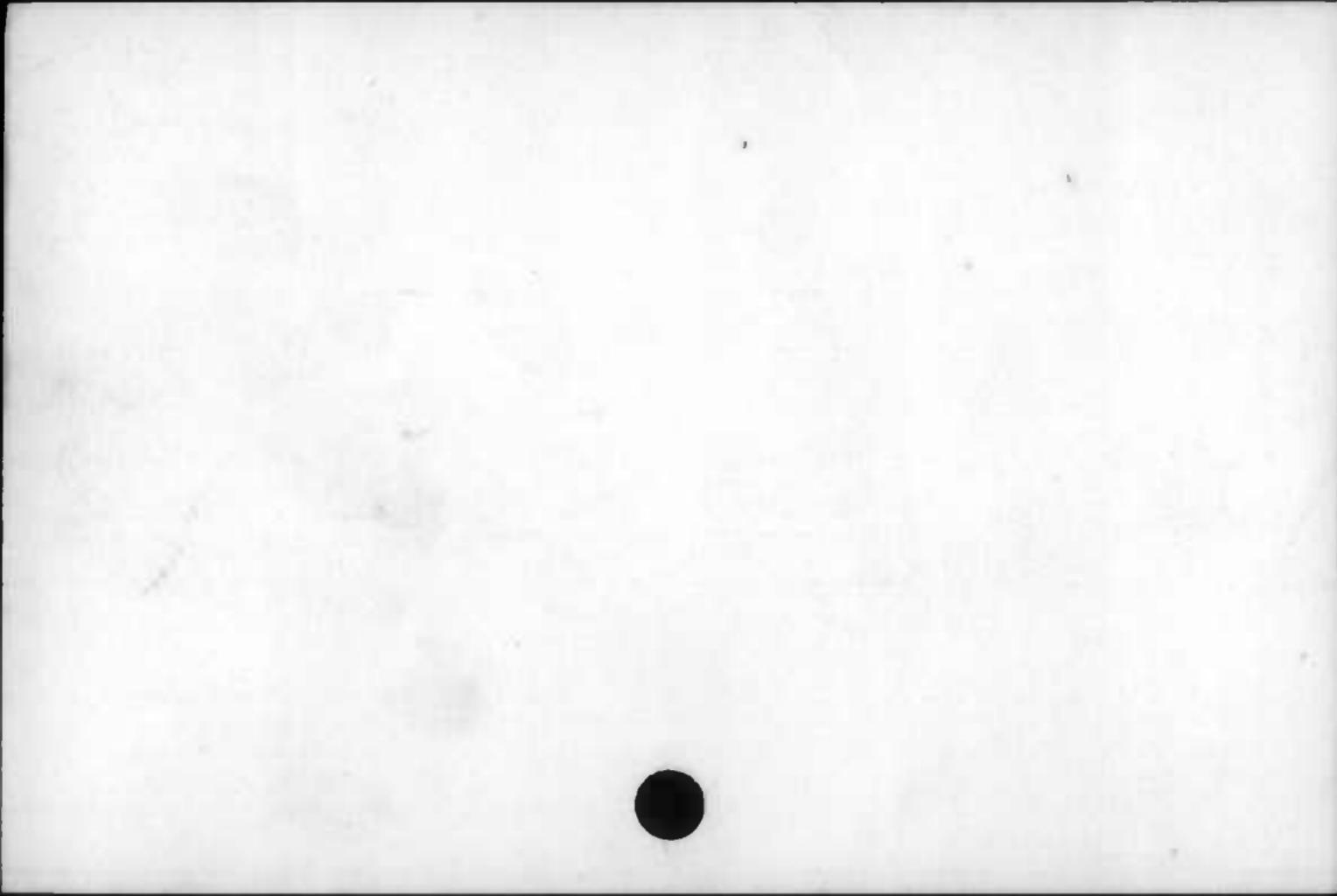
PHYSICIAN  
OR CORONER

Cora Lilian Nicholson				CERTIFICATE OF DEATH	
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	24	10	19
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo. W. Nicholson				
Mother's Maiden Name	Mary Ann Dickeyson				
Name of person giving Information	Jas. A. Nicholson				

CAUSES OF DEATH

9

Primary	Laryngeal Diphtheria	How long	2 days.
Immediate	Tetanus	How long	10 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas. D. Dickinson M.D.
		Address	Stockton Worcester Co. Md.
Accident or Suicide?			



Name  
in  
Full

Isaac W. Purwill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Helen Purwill				
Father's Name	Unknown					
Mother's Maiden Name	Unknown					
Name of person giving information	Joseph Whitting					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Voluntary overheat

79

How long

2 or 3 yrs

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

St. J. Island  
Bellevue  
Md

Incident of Suicide?



Name  
in  
Full

Infant Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908 December	Month Day	Years	Months	Days	
Sex Male	Color or Race	Age about 1 month	about 6 ft		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm J Miller Jr				
Mother's Maiden Name	Miss Blayton				
Name of person giving Information	R. P. Cochrane				
CAUSES OF DEATH					
Primary	Malaria (tuberculosis) about 3 months				
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
Yes	R. P. Cochrane.				
Address	Bishville Md.				

PHYSICIAN  
OR CORONER

Immediate

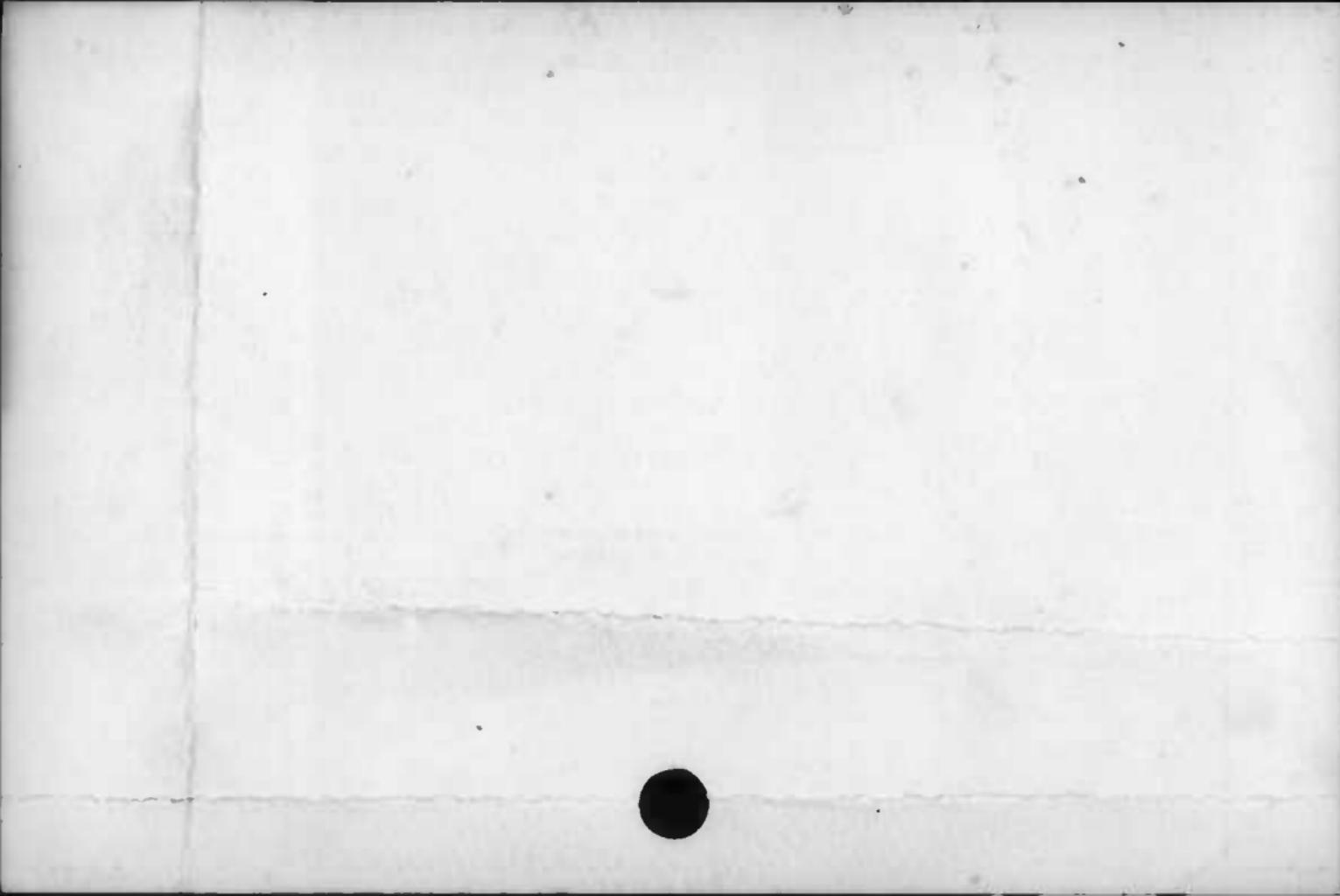
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

27

How long

How long



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elijah E Ryan

CERTIFICATE OF DEATH

Town Babbserville		County Worcester		MARYLAND	
Died at	Month Dec	Day 30	Years 85	Month 10	Days 3
Sex Male	Color or Race White	Where Residing if not at place of death At Home		Birth- place Maryland	
Occupation Farmer					
Married, Single or Widowed widower	Name of Wife or Husband Elezigianne Ryan			Father's Name Thomas Ryan	
Father's Name Thomas Ryan			Father's Birthplace Maryland		
Mother's Maiden Name Sally Ryan			Mother's Birthplace Maryland		
Name of person giving Information Afonie Ryan			How related to deceased Grand Daughter		

CAUSES OF DEATH

154

How long

Primary

Old Age

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

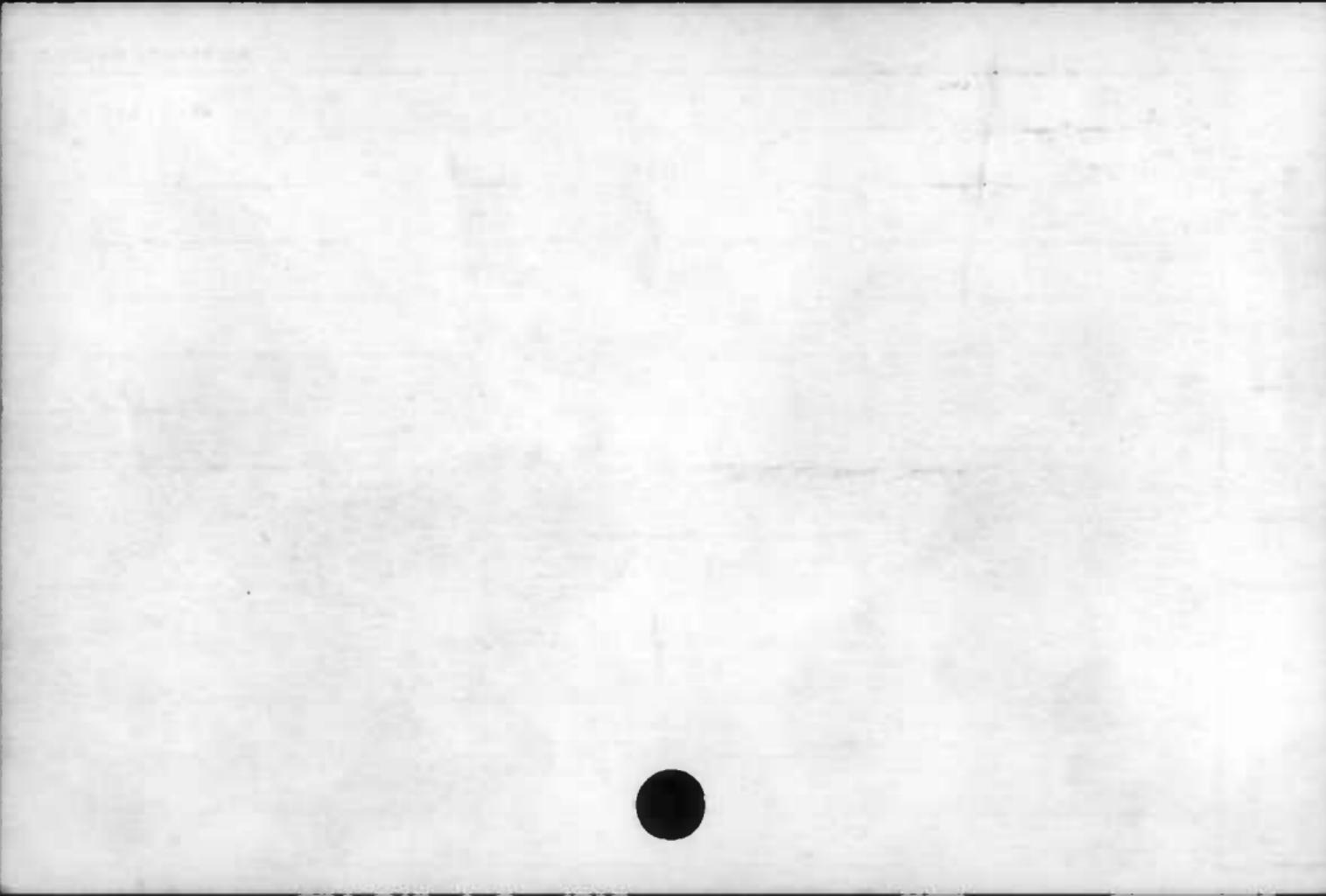
Signature of  
Physician

Address

Yes

Dr Collins  
Bridgewater  
Md.

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margant R. Shaw					144 CERTIFICATE OF DEATH
Died at	Town	County			MARYLAND
Died at	Baltimore	Baltimore			
Date of death	1908	Month Lee	Day 24	Years	Months 5
Age					Days
Sex	female	Color or Race	white	Birth-place	Md
Occupation		Where Residing if not at place of death			✓
Married, Single or Widowed	✓	Name of Wife or Husband	✓		
Father's Name	Daniel T. Shaw			Father's Birthplace	Pa
Mother's Maiden Name	Sophie Keagy			Mother's Birthplace	Md.
Name of person giving information	Daniel T. Shaw Jr.			How related to deceased	Brother

CAUSES OF DEATH

105

Primary: *Sophyia L. Sudden undigestive* How long: *3 days*  
Immediate: *Sudden Collapse* How long: *Fun labor*.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. M. Wilson*  
*Baltimore City*

Accident or Suicide?



Name  
in  
Full

Ester E. Wainright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Died at	Taylorville	Monroe				
Date of death	1908	Month DCC	Day 11	Years	Months	Days
Age	9 year					
Sax	Female	Color or Race	White	Birth-place	Taylorville	
Occupation						Where Residing if not at place of death
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Eunice Wainright		Father's Birthplace	Wau., Co.		
Mother's Maiden Name	Mary E. Lyle		Mother's Birthplace	Taylorville		
Name of person giving information	Eunice Wainright		How related to deceased	Mother		

CAUSES OF DEATH

7

How long

Primary

Malignant Scarlet fever

Immediata

How long

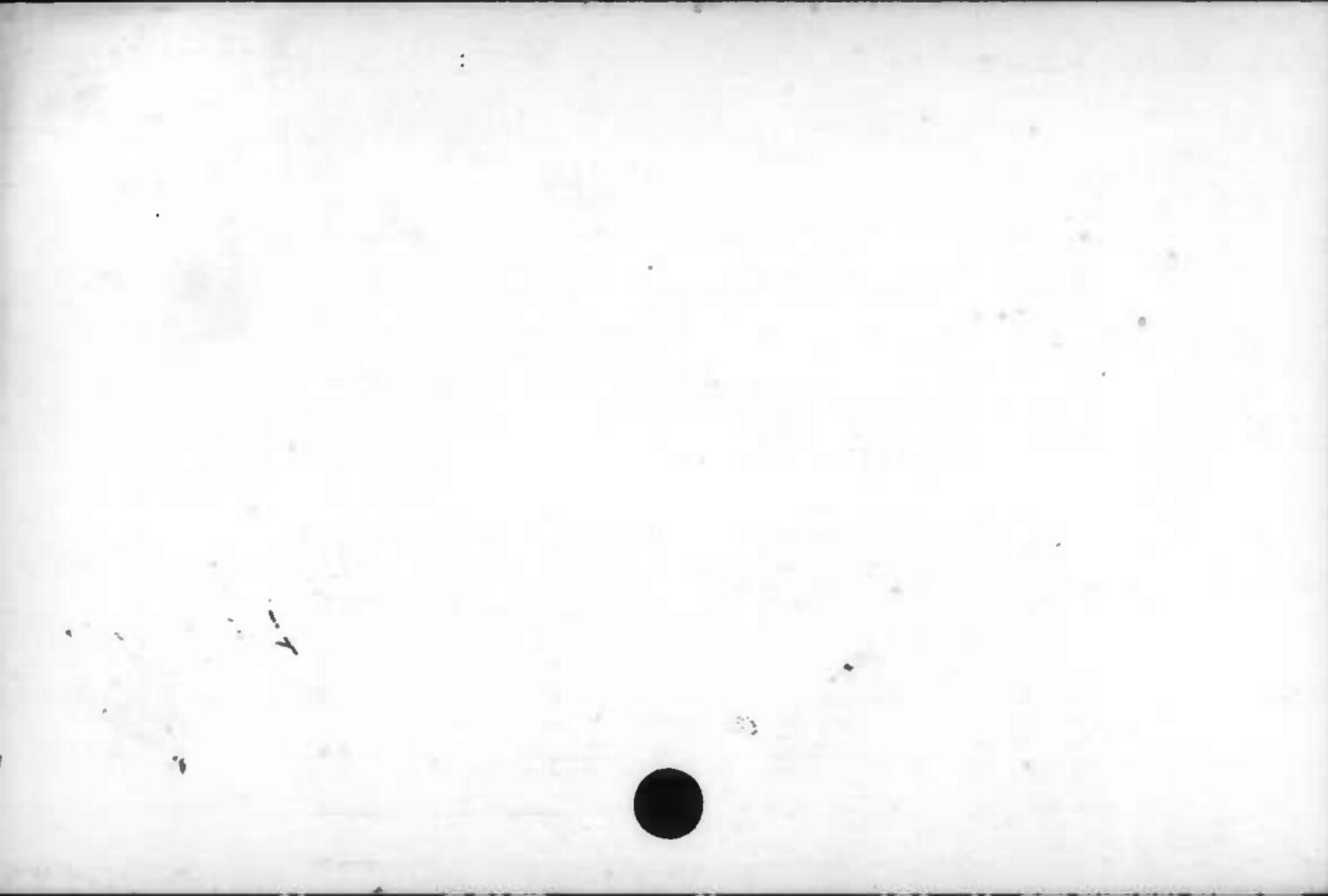
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN  
ON CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	Waters		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or. Race	Birth- place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Waters		Father's Birthplace	md	
Mother's Maiden Name	Marinaa Collins		Mother's Birthplace	md	
Name of person giving information	Ambrose Rowley		How related to deceased	now	
CAUSES OF DEATH					
Primary	Still Born		How long	8	
Immediate	..		How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. O. Payne Jr.

Accident or Suicide?

